

SERTOMA CHEERLEADING

REGISTRATION FORM

Player Name		
Address		Birthdate
City/State/Zip		Age
Home Phone	()	Grade
Email		School Attending

Parents Name		
Phone	()	
Email		
Occupation		

Emergency Contact		Phone	
Relationship to Player			
Insurance Carrier		Policy #	

1. I/We, the parents/guardians of the above-named candidate for a position on a Sertoma cheerleading team, hereby give my/our approval to participate in any and all Sertoma cheerleading activities, including transportation to and from the activities.
2. I/We know that participation in football may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless that local Sertoma cheerleading league, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree that our child may be required to try out for a team.

Signature_____ **Date**_____